

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN **PLICATE\***  
(Other instr. as on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

**LC-061638**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**Brewer**

9. WELL NO.

**#12**

10. FIELD AND POOL, OR WILDCAT

**High Lonesome**

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

**Sec. 13 T-16-S R-29-E**

12. COUNTY OR PARISH 13. STATE

**Eddy**

**N. M.**

1. OIL ☐ GAS ☐ OTHER **Injection**  
WELL WELL

2. NAME OF OPERATOR

**General American Oil Company of Texas**

3. ADDRESS OF OPERATOR

**P. O. Box 416, Loco Hills, New Mexico**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

**1980' FSL and 659' FWL of Section 13,  
Twp. 16-S, Rge. 29-E.**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

**3727' DF**

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

~~ABANDON~~ OR ACIDIZING ☒

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

**Work Performed: Treated well with 250 gallons of 20% HCL acid  
and displaced with fresh water. Shut well in  
for 3 1/2 hours and backflowed for short while  
acid was fairly well spent. Placed back on  
injection with no increase in injection rate.**

RECEIVED

**RECEIVED**  
**NOV 15 1967**  
**U. S. GEOLOGICAL SURVEY**  
**ARTESIA, NEW MEXICO**

18. I hereby certify that the foregoing is true and correct

SIGNED *R. L. L...*

TITLE **District Superintendent**

DATE **Nov. 13, 1967**

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

**APPROVED**  
*[Signature]*  
**R. L. L...**

\*See Instructions on Reverse Side